

AHS Board and Executive Expense Report

Name Dr. Kathryn Todd
Title VP Research Innovation & Analytics
Location Edmonton
 Expenses submitted during the month of March 2016

Travel (1)										
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Mar-16	P-Card	Meetings				20	20	26		
Mar-16	Direct Billing	Meetings	707				707			
Total			\$ 707	\$ -	\$ -	\$ 20	\$ 727	\$ 26	\$ -	\$ -

Total for the Month \$ 753

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ -
 Non economy air travel in the month \$ -

1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

2) Professional Development

Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>TODD, KATHRYN</u> Cardholder's Name	<u>VICE PRESIDENT</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/03/2016</u>
<u>RESEARCH, INNOVATION &</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount: <u>\$46.25</u>
<u>KATHRYN.TODD@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address	Last 6 digits of the P-Card #: XXXXXXXXXX	

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
04/03/2016	421206261	IMPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	10.00	CAD	10.00	.48	.00	Parking - Meeting at ATB Place - Public Procurement of Innov. (PPI) Report
08/03/2016	421708492	IMPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	10.00	CAD	10.00	.48	.00	Parking - Meeting at ATB Place - CAM Meeting
11/03/2016	422270698	GO BIG EVENT INC, BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED	26.25	CAD	26.25	1.25	.00	GO BIG EVENT-Health Policy Speaker Series - Dr. Eric Meslin

①
②
③

✓
✓
✓



Signatures
Cardholder Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

YVONNE ARNOLD
Name of Cardholder Designate

Yvonne Arnold
Signature of Cardholder Designate

EXEC ADMIN CO-ORD
Cardholder Designate Position/Title

Mar 23/16
Date of Signature

Cardholder

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

TODD, KATHRYN

Name of Cardholder

Kathryn Todd
Signature of Cardholder

VICE PRESIDENT

Cardholder Position/Title

March 29/2016
Date of Signature

Approver Designate (if Applicable)

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Name of Approver Designate

Approver Designate Position/Title

Signature of Approver Designate

Date of Signature

Approver

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Dr. Verma yiu
Name of Approver

[Signature]
Signature of Approver

Interim President & CEO
Approver Position/Title

Mar 30/16
Date of Signature

Submit approved statement with attachments to Accounts Payable:

Attach:

- Original (or scanned) itemized receipts with documented business reasons including names of participants where required
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)
- And where applicable:
 - Copies of pre-approvals for travel
 - Personal cheque payable to "Alberta Health Services"
 - Return, refund and/or credit receipts
 - Disputes letter
 - Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.

Address:

 Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

Accounts Payable only:

Reference #:

Reviewed by:

Date:



PUBLIC PROCUREMENT
OF INNOVATION
(PPI) report
ATB PLACE

CAN MTG
ATB. PLACE

ATB PLACE
GST:887315638RT001
RECEIPT C1

IN: 04.03.16 15:49
PAY: 04.03.16 17:09
AMOUNT: \$ 10.00

----- TRANSACTION
RECORD -----

Card #: 
Card Entry:CHIP
Account:MASTERCARD
Trans:PURCHASE
Amount:\$10.00
Auth # 
Sequence #:000204
Term ID: 002
Date:16/03/04
Time:17:08:35

APPROVED

① BY ENTERING A VERIFIED
PIN, CARDHOLDER
AGREES TO PAY ISSUER
SUCH TOTAL IN
ACCORDANCE WITH ISSUERS
AGREEMENT WITH
CARDHOLDER

Application Label:
MasterCard



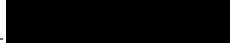

*** CUSTOMER
COPY ***

Thank you for
visiting!

ATB PLACE
GST:887315638RT001
RECEIPT C1

IN: 08.03.16 09:12
PAY: 08.03.16 11:11
AMOUNT: \$ 10.00

----- TRANSACTION
RECORD -----

Card #: 
Card Entry:CHIP
Account:MASTERCARD
Trans:PURCHASE
Amount:\$10.00
Auth # 
Sequence #:000011
Term ID: 002
Date:16/03/08
Time:11:10:29

APPROVED

② BY ENTERING A VERIFIED
PIN, CARDHOLDER
AGREES TO PAY ISSUER
SUCH TOTAL IN
ACCORDANCE WITH ISSUERS
AGREEMENT WITH
CARDHOLDER

Application Label:
MasterCard



*** CUSTOMER
COPY ***

Thank you for
Visiting!

Health Policy Speaker Series

PRESENTED BY...



INSTITUTE OF
HEALTH ECONOMICS
ALBERTA CANADA

To:

Kathryn Todd

Date: Mar 11 2016 02:34 PM

Card Number: [REDACTED]

Card Type: MASTERCARD

Card Name: Kathryn Todd

Order ID: [REDACTED]

Transaction Time: Mar 11 2016 09:34 PM

Receipt: Health Policy Speaker Series- Dr. Eric Meslin

This charge will be shown as 'Go Big Event Inc' in your credit card statement.

Name	Quantity	SubTotal
Health Policy Speaker Series- Dr. Eric Meslin	1	\$25.00

③

Total Before Tax	\$25.00
Tax #834213068RT0001 [GST 5%]	\$1.25
Total	\$26.25
Total Paid	\$26.25

Refund Policy: Registration for this event is non-refundable. If you are unable to attend the conference, consider sending a colleague in your place. Substitutions are permitted at no charge. Please contact Alicia Powers at alicia.powers@aihealthsolutions.ca to edit attendee information.

Expense Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS.

Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund.

It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: **YES**

Name : Kathryn Todd	Reporting Period for the Month of : Mar-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
28-Feb-16	Direct Billing	Airline Ticket	Change of flight times for Montreal Trip	Marlin Travel	79.05
28-Feb-16	Direct Billing	Airline Ticket	Change of flight times for Montreal Trip	Marlin Travel	50.00
24-May-16	Direct Billing	Airline Ticket	Airline Ticket to Salt Lake City/Return	Choose from Drop-down List	578.11
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
Total Paid in the Month					\$ 707.16

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch:

Agent:

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number:

Date:

February 28, 2016

Page:

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Our Reference:

INVOICE

For

KATHRYN TODD

AC

Wednesday, February 17, 2016

 Air

AIR CANADA

From: EDMONTON INTL AB

To: MONTREAL-TRUDEAU

Stops: 0 Arrival: 17Feb16

SEAT 14D

Flight: 176

K CLASS

12:05 PM

Equipment: 321

06:03 PM

Mile(s) Flown: 1850

Friday, February 19, 2016

 Air

AIR CANADA

From: MONTREAL-TRUDEAU

To: WINNIPEG

Stops: 0 Arrival: 19Feb16

AIR CANADA CON

TICKET NUMBER

SEAT 22D

Flight: 1101

U CLASS

08:40 AM

Equipment: E90

10:57 AM

Mile(s) Flown: 1137

 Air

AIR CANADA

From: WINNIPEG

To: EDMONTON INTL AB

Stops: 0 Arrival: 19Feb16

AIR CANADA E

AIR CANADA CONFIRMATION

Flight: 8515

U CLASS

12:00 PM

Equipment: CRJ JET

01:14 PM

Mile(s) Flown: 739

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: February 28, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Friday, February 19, 2016

TICKET NUMBER [REDACTED]
SEAT 9C

Cost:

AIR CANADA WEB	[REDACTED]	[REDACTED]	79.05
AIR CANADA WEB	[REDACTED]	[REDACTED]	50.00

Total:

Grand Total:	129.05
Less Credit Card Payments:	129.05
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch:

Agent:

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number:

Date:

March 24, 2016

Page:

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Our Reference:

INVOICE

For

MS KATHRYN GRACE TODD

Monday, September 5, 2016

Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 05Sep16

Flight: 8139

G CLASS

10:15 AM

11:06 AM

Air

DELTA AIRLINES

From: CALGARY AB

To: SALT LAKE CITY UT

Stops: 0 Arrival: 05Sep16

SKYWEST DBA

Flight: 4459

U CLASS

02:00 PM Equipment: CR9

04:09 PM

Mile(s) Flown: 720

Air

DELTA AIRLINES

From: CALGARY AB

To: SALT LAKE CITY UT

Stops: 0 Arrival: 05Sep16

Seat(s): 09A

SKYWEST DBA

Flight: 4840

U CLASS

02:00 PM Equipment: CR7

04:09 PM

Mile(s) Flown: 720

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: March 24, 2016
Page: 2/3
Our Reference: [REDACTED]

INVOICE

Thursday, September 8, 2016

Air

DELTA AIRLINES
From: SALT LAKE CITY UT
To: MINNEAPOLS/STPAUL
Stops: 0 Arrival: 08Sep16

Flight: 1439 X FARE
03:05 PM Equipment: A320
06:35 PM

Mile(s) Flown: 990

Air

DELTA AIRLINES
From: MINNEAPOLS/STPAUL
To: EDMONTON INTL AB
Stops: 0 Arrival: 08Sep16
ENDEAVOR AIR

Flight: 3817 G CLASS
07:30 PM Equipment: CR9
09:34 PM

DINNER

Mile(s) Flown: 1087

Air

DELTA AIRLINES
From: SALT LAKE CITY UT
To: CALGARY AB
Stops: 0 Arrival: 08Sep16
SKYWEST DBA

Flight: 4808 T CLASS
07:59 PM Equipment: CR9
10:12 PM

Mile(s) Flown: 720

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: March 24, 2016
Page: 3/3
Our Reference: [REDACTED]

INVOICE

Cost:

TKT [REDACTED] E-TKT	[REDACTED]	454.00
	Tax:	124.11
	Ticket Total:	578.11
AIR CANADA WE [REDACTED]	[REDACTED]	139.41
	Tax:	37.48
	Ticket Total:	176.89

Total:

Grand Total:	755.00
Less Credit Card Payments:	755.00
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
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1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.